

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.  
N. B.--In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Anderson</u> Township of <u>CENTRAL S.C.</u> or Inc. Town of ..... City of .....		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. For State Registrar Only <b>16341</b>	
		Registration District No. ....		Registered No. .... (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Wesley Durham</u>					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>—</u>	
		To be answered only in event of Twins or Triplets		(6) Are Parents Married? <u>Yes</u>	
				(7) DATE OF BIRTH <u>May 19 - 1922</u> (Name of Month) (Day) (Year)	
(8) FULL NAME FATHER <u>Walter Durham</u>			MOTHER <u>Mae Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>CENTRAL, S. C. R.R.</u>			(14) NAME BEFORE MARRIAGE <u>Mae Johnson</u>		
(10) COLOR OR RACE <u>White</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>CENTRAL S. C. R.R.</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Anderson Co S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Anderson Co S.C.</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>E. H. [illegible]</u>					
(24) State whether Physician or Midwife _____					
(25) Address of Physician or Midwife <u>CENTRAL S. C.</u>					
Given name added from a supplemental report <u>[illegible]</u>			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
Registralr			(27) Filed _____ (28) _____ Local Registrar		
<small>*When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</small>					